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TELEFAX

Date:	December 23, 2005	Total pages:	28
To:	U.S. Patent Office	Telephone:	571 273 8300
From:	Patrea L. Pabst	Telephone:	404-879-2151
Our Docket No.		Client/Matter No.	084647-00004
Your Docket No.	EBL102		

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appellant: Abraham J. Domb and Joseph S. Wolnerman

Serial No.: 10/083,413 Art Unit: 1655

Filed: February 27, 2002 Examiner: Flood, Michele C.

For: **ABSORBABLE SOLID COMPOSITIONS FOR TOPICAL TREATMENT OF
ORAL MUCOSAL DISORDERS**

Amendment and Response

Two Enclosures

Transmittal Form PTO/SB/21

Fee Transmittal Form PTO/SB/17

{45048280.1}

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PTO/SB/10A (03-04)

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TRANSMITTAL
FORM

(To be used for all correspondence after initial filing)

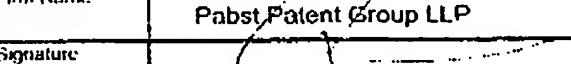
Total Number of Pages in This Submission

Application Number	10/083,413
Filing Date	February 27, 2002
First Named Inventor	Abraham J. Dornb et al.
Art Unit	1654
Examiner Name	Michelle C. Flood
Attorney Docket Number	EBL 102

ENCLOSURES (Check all that apply)

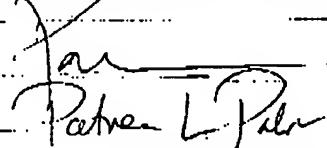
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Remarks _____	
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patrea L. Pabst		
Date	Reg. No.	31,284	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature: 

Typed or printed name: Patrea L. Pabst

Date: 12/23/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND THIS FORM TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 1/1/2004

I was pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/083,413
Filing Date	February 27, 2002
First Named Inventor	Abraham J. Domb et al.
Examiner Name	Michele C. Flood
Art Unit	1654
Attorney Docket No.	EPL 102

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify):

Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

	Small Entity
Fee (\$)	Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

2 / or HP = x =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

1 / 3 or HP = 0 x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
..... - 100 =	/ 50 =	(round up to a whole number) x

4. OTHER FEE(S)

Non-Resident: Non-Resident, \$130 fee (no small entity discount)

Fees Paid (\$)

Other:

.....

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	31,284	Telephone	(404) 879-2151
Name (Print/Type)	Patrea L. Pabst			Date	12/23/2005

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ORAL MUCOSAL DISORDERS*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

Responsive to the Office Action mailed September 23, 2005, please amend the application as follows and consider the following remarks. It is believed that no fee is required with this submission. However, should an additional fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.